

GEORGIA INSTITUTE OF TECHNOLOGY
OFFICE OF CONTRACT ADMINISTRATION
SPONSORED PROJECT INITIATION

Date: 12/12/78

Project Title: *College Library Resources Program, FY78*

Project No: *N-52-507*

Project Director: *John W. Pattillo*

Sponsor: *DHEW, Office of Libraries and Learning Resources*

Agreement Period: From 10/1/78 Until 9/30/79

Type Agreement: *Grant No. G007850438*

Amount: *\$3,906*

Reports Required: *Final Report of Expenditures*

Sponsor Contact Person (s):

Technical Matters

Contractual Matters
(thru OCA)

*John T. Hazard
Grants Officer
Office of Libraries and Learning Resources
Office of Education/DHEW
400 Maryland Avenue S.W.
Washington, D. C. 20202*

(202) 245-9540

Defense Priority Rating: *n/a*

Assigned to: *Southern Tech* (School/Laboratory)

COPIES TO:

Project Director
Division Chief (EES)
School/Laboratory Director
Dean/Director-EES
Accounting Office
Procurement Office
Security Coordinator (OCA)
Reports Coordinator (OCA)

Library, Technical Reports Section
EES Information Office
EES Reports & Procedures
Project File (OCA)
Project Code (GTRI)
Other _____

GEORGIA INSTITUTE OF TECHNOLOGY
OFFICE OF CONTRACT ADMINISTRATION
SPONSORED PROJECT TERMINATION

Date: 11/17/79

Project Title: College Library Resources Program FY78

Project No: N-52-507

Project Director: J. W. Pattillo

Sponsor: DHEW, Office of Libraries and Learning Resources

Effective Termination Date: 9/30/79

Clearance of Accounting Charges: 9/30/89

Grant/Contract Closeout Actions Remaining: None

- ☐ Final Invoice and Closing Documents
- ☐ Final Fiscal Report
- ☐ Final Report of Inventions
- ☐ Govt. Property Inventory & Related Certificate
- ☐ Classified Material Certificate
- ☐ Other _____

TERMINATED

Assigned to: Southern Tech (School/Laboratory)

COPIES TO:

Project Director
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Accounting Office
Procurement Office
Security Coordinator (OCA)
☒ Reports Coordinator (OCA)

Library, Technical Reports Section
EES Information Office
Project File (OCA)
Project Code (GTRI)
Other _____

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GEORGIA INSTITUTE OF TECHNOLOGY

SOUTHERN TECHNICAL INSTITUTE

534 CLAY ST

MARIETTA

GA 30060

FINANCIAL STATUS REPORT

(Follow instructions on the back)

3. RECIPIENT ORGANIZATION (Name and complete address, including ZIP code)		1. FEDERAL AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH REPORT IS SUBMITTED U.S. Office of Education, Division of Library Programs, Library Education & Postsecondary Resources Branch		2. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER G007850438		OMB Approved No. 80-RO180		PAGE OF 1 1 PAGES	
4. EMPLOYER IDENTIFICATION NUMBER 1-586002023-A2		5. RECIPIENT ACCOUNT NUMBER OR IDENTIFYING NUMBER N-52-507		6. FINAL REPORT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		7. BASIS <input checked="" type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL			
8. PROJECT/GRANT PERIOD (See instructions)		9. PERIOD COVERED BY THIS REPORT							
FROM (Month, day, year) 10-1-78		TO (Month, day, year) 9-30-79		FROM (Month, day, year) 10-1-78		TO (Month, day, year) 9-30-79			
10. STATUS OF FUNDS									
PROGRAMS/FUNCTIONS/ACTIVITIES ▶	(a) 13.406 Library Resources	(b) 13.468 Fellowships	(c) 13.468 Institutes	(d) 13.468 Traineeships	(e) 13.518 Instructional Equipment	(f) 13.576 Research Libraries	TOTAL (g)		
a. Net outlays previously reported	\$	\$	\$	\$	\$	\$	\$		
b. Total outlays this report period	3,897.30								
c. Less: Program income credits									
d. Net outlays this report period (Line b minus line c)									
e. Net outlays to date (Line a plus line d)									
f. Less: Non-Federal share of outlays									
g. Total Federal share of outlays (Line e minus line f)	3,897.30								
h. Total unliquidated obligations									
i. Less: Non-Federal share of unliquidated obligations shown on line h									
j. Federal share of unliquidated obligations	-0-								
k. Total Federal share of outlays and unliquidated obligations	3,897.30								
l. Total cumulative amount of Federal funds authorized	3,906.00								
m. Unobligated balance of Federal funds	8.70								
11. INDIRECT EXPENSE N/A		a. TYPE OF RATE (Place "X" in appropriate box) <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> PREDETERMINED <input type="checkbox"/> FINAL <input type="checkbox"/> FIXED		13. CERTIFICATION I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.		SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL TYPED OR PRINTED NAME AND TITLE David V. Welch, Manager, Grants & Cont. Acctg.		DATE REPORT SUBMITTED 10/31/79 TELEPHONE (Area code, number and extension) 404/894-4624	
12. REMARKS: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.		b. RATE		c. BASE		d. TOTAL AMOUNT		e. FEDERAL SHARE	